

Member Secretary IC-SCR
IIT Indore

Email: icscr@iiti.ac.in
Phone: 07324-306585

IITI/IC-SCR/meetings/2020/001

Date: 03/02/2020

Call for proposal for approval of studies involving Stem Cell from the Institute Committee-Stem Cell Research (IC-SCR)

A meeting of Institute Committee-Stem Cell Research (IC-SCR) to scrutinize and approve various research activities involving stem cells in the institution, including Ph.D. thesis work, M. Sc. dissertation, Extramural fundings and other projects involving stem cell research for funding is scheduled to be conducted in the month of March/April 2020. The completed proposals based on basic research using stem cell in all respects may be submitted on (or) before March 6th, 2020 through proper channel to the Member Secretary, Institute Committee-Stem Cell Research (IC-SCR), Biosciences and Biomedical Engineering (BSBE), IIT Indore, Simrol-453552.

Proposals should have the followings:

1. Eight hard copies of the proposal in the approved format (see form 1A & 1B), duly signed by the Principal Investigator and Head of the Department.
2. One soft copy of the proposal to be forwarded to the Member Secretary, Email: icsr@iiti.ac.in
3. Last Doctoral Committee (DC) report, and thesis title should be submitted along with other details for consideration.
4. Consent forms, if needed (if the form is in the local language, English translation is mandatory).

For more details contact the Member Secretary (IC-SCR), IIT Indore

Member Secretary *[Signature]*
3/2/2020
Division of Biosciences and Biomedical Engineering (BSBE)
IIT Indore, Simrol-453552
Email: icscr@iiti.ac.in
Phone: 07324-306585

Forwarded
[Signature]
3/2/2020 (AM)

CONSENT FORM I

INFORMATION FOR PARTICIPANTS OF THE STUDY

Instructions - This is the subject information sheet. It should address the participant of this study. Depending upon the nature of the individual project, the details provided to the participant may vary. A separate consent form for the subject/test group and control should be provided as applicable. While formulating this sheet, the investigator must provide the following information as applicable in any local language or english which can be understood by the participant

- Title of the project
 - Name of the investigator/guide
 - Purpose of this project/study
 - Procedure/methods of the study
 - Expected duration of the subject participation
 - The benefits to be expected from the research to the participant or to others and the post trial responsibilities of the investigator
 - Any risks expected from the study to the participant
 - Maintenance of confidentiality of records
 - Provision of free treatment for research related injury
 - Compensation of the participants for disability or death resulting from such injury
 - Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled
 - Possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this should be mentioned
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- Address and telephone number of the investigator and co-investigator/guide
 - The subject information sheet must be duly signed by the investigator

CONSENT FORM II

PARTICIPANT CONSENT FORM

Participant's name:
Title of the project:

Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study.

I fully consent to participate in the above study.

Signature of the participant: _____ Date: _____

Signature of the witness: _____ Date: _____

(Note: Consent form II should be appropriately worded for adults and children (less than 18 years) e.g. If the participant is less than 18 years of age, instead of 'my participation', 'my child's/ward's participation' needs to be replaced.)

Form IA

Proforma to be submitted to the Indian Institute of Technology Indore Institute Committee- Stem Cell Research (IC-SCR).

Note: Kindly submit 8 copies of proforma and consent forms (if applicable in English and local language) through the proper channel to the Member Secretary, Institute Committee- Stem Cell Research, Indian Institute of Technology Indore along with the Doctoral Committee recommendation (for student projects).

Details of the proposal

1. Title of the project:
2. Name and department/address of the PhD Scholar/ Primary investigator:
3. Name of Supervisor/Guide with designation & department :
4. Sources of funding :
5. Objectives of the study :
6. Justification for the conduct of the study:
7. Methodology: It should provide details of type of stem cells including source, isolation procedures, culturing methods, treatment (if any), investigations to be done etc.
8. Permission from Drug Controller General of India (DCGI) if applicable:
9. Ethical issues involved in the study (see guidelines) as assessed by the investigator:
10. Whether Consent forms in English and in local language are enclosed?
11. Conflict of interest for any other investigator(s) (if yes, please explain in brief)

Certificate

We, the undersigned, have read and understood this protocol and hereby agree to conduct the stem cell research in accordance with this protocol and to comply with all requirements of the ICMR-DBT Stem Cell guidelines (2013)

Signature of the PhD Scholar & Date :

Signature of the Investigator/PhD Supervisor & Date :

Signature of the Head of the Department & Date :

Form IB

Proforma to be submitted to the Indian Institute of Technology Indore Institute Committee- Stem Cell Research (IC-SCR).

Note: Kindly submit 8 copies of proforma and consent forms (in English and local language) through the proper channel to the Member Secretary, Institute Committee- Stem Cell Research, Indian Institute of Technology Indore along with the Doctoral Committee recommendation (for student projects).

1. Title of the project:
2. Name of the investigators/co-investigators with designation & department:
3. Number of projects already with the investigators/co-investigators:
4. Sources of funding:
5. Objectives of the study:
6. Justification for the conduct of the study:
7. Methodology: It should provide details of type of stem cells including source, isolation procedures, culturing methods, treatment (if any), investigations to be done etc.
8. Permission from Drug Controller General of India (DCGI) if applicable
9. Costs involved (Appx. in Rs.)
 - a) Investigations
 - b) Disposables
 - c) SamplesWho will bear the costs of the requirements? 1. Subject 2. Project 3. Exempted
4. Others.
10. Ethical issues involved in the study:
Less than minimal risk / minimal risk / more than minimal risk to the study subjects (for guidance please consult ICMR guidelines)
11. Do you need exemption from obtaining Informed Consent from study subjects - if so, give justifications?
12. Whether Consent forms part 1 and 2 in English and in local language are enclosed?
13. Brief CV of investigators (including no. of projects with him/her)
14. Conflict of interest for any other investigator(s) (if yes, please explain in brief)

Certificate

We, the undersigned, have read and understood this protocol and hereby agree to conduct the stem cell research in accordance with this protocol and to comply with all requirements of the ICMR-DBT Stem Cell guidelines (2013)

Signature of the Investigators & Date :

Signature of the Head of the Department & Date :